

CLAIMS ONLY							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
10 1									
10 2									
10 3									
10 4									
10 5									
10 6									
10 7									
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1 44									
1 45									
1 46									
1 47									
1 48									
1 49									
1 50									
TOTAL IND.	5								
TOTAL DEP.	45								
TOTAL CLAIMS									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
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90									
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93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>07/525,192</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4	1						54	1					
5	1						55		1				
6	1						56		1				
7		1					57		1				
8		1					58		1				
9		4					59		1				
10		4					60		1				
11		3					61		1				
12		4					62		1				
13		4					63		1				
14	1	7					64		1				
15		1					65		1				
16		1					66		1				
17	1						67	1					
18	1						68		1				
19	1						69		1				
20		1					70		1				
21		1					71		1				
22		4					72		1				
23		3					73		1				
24		4					74		1				
25		4					75		1				
26		4					76		1				
27		4					77	1					
28		2					78		1				
29			1				79		1				
30				1			80		1				
31				1			81		1				
32				1			82		1				
33				1			83		1				
34				1			84		1				
35				1			85		1				
36				1			86		1				
37				1			87	1					
38				1			88		1				
39				1			89		1				
40				1			90		1				
41				1			91		1				
42			1				92		1				
43				1			93		1				
44				1			94		1				
45				1			95		1				
46				1			96		1				
47				1			97		1				
48				1			98	1					
49				1			99		1				
50				1			100		1				
TOTAL IND.	8		2				TOTAL IND.	5					
TOTAL DEP.	48		20				TOTAL DEP.	45					
TOTAL CLAIMS	56						TOTAL CLAIMS						

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